

ARIZONA DEPARTMENT OF HEALTH SERVICES
CAPITAL EQUIPMENT CONTROL REPORT

OFFICE OF INVENTORY CONTROL

2500 EAST VAN BUREN STREET

PHOENIX, AZ 85008

PHONE (602) 629-7353

FAX (602) 220-6052

DATE _____

(Check Appropriate Box)

- ☐ Transfer
☐ Request for Equipment
☐ Pick-up Equipment
☐ Lost
☐ Stolen

DATE POLICE NOTIFIED _____

POLICE REPORT NUMBER _____

FROM _____

DIVISION

BY _____

AUTHORIZED SIGNATURE

TO _____

DIVISION

BY _____

AUTHORIZED SIGNATURE

INVENTORY CONTROL

DELIVERY
PERSON _____ DATE _____

NUMBER
OF PIECES _____

CONDITION OF EQUIPMENT

CONDITION CODES: 1. EXCELLENT 2. GOOD 3. FAIR 4. POOR 5. CONDEMNABLE

ITEM _____ SERIAL NO. _____ STATE EQUIPMENT NO. _____

DESCRIPTION _____

condition 1. 2. 3. 4. 5. (circle appropriate number)

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